

MONTANA CONSTRUCTION BLASTER APPLICATION

301 South Park Avenue
PO Box 200513
Helena Montana 59620-0513
Phone: 406-841-2350 Fax: 406-841-2050
E-MAIL: dlibsdbla@mt.gov
WEBSITE: <http://www.constructionblaster.mt.gov>

APPLICATION PROCEDURES FOR:

MONTANA CONSTRUCTION BLASTER LICENSURE

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the Department receives your complete application)

GENERAL INFORMATION:

1. Applications will not be processed without the application fee included.
2. Written notification will be sent to the preferred mailing address within 14 days of receipt of the application.
3. Licensees are required to know and adhere to the laws and rules pertaining to the Montana Construction Blaster Program. You may find the current Statutes and Rules on our website at www.constructionblaster.mt.gov

LICENSE REQUIRMENTS:

1. At least 2 years of experience in construction blasting as defined by ARM 24.131.301*
2. Successful completion of a training program in construction blasting that has been recognized by the explosives or construction industry and approved by the department.
3. Achieve a grade of 80% or higher on the examination.

*** “Construction blasting” means the use of explosives to reduce, destroy, or weaken residential, commercial or other buildings; or excavate any trench, ditch, cut or hole, or reduce, destroy, weaken or cause a change in grade of any land formation in the construction of any building, highway, road, pipeline, sewerline, or electric or other utility.**

FEES:

Application Fee	\$35.00
License Fee	\$40.00
Examination Fee	\$25.00
Reexamination Fee	\$35.00

APPLICATION PROCEDURES:

1. Complete the application in its entirety. Incomplete applications will be returned.
2. Submit the application with the required fee. Make checks or money orders payable to CONSTRUCTION BLASTER PROGRAM.
3. Certificate of Experience must be signed by the person familiar with your experience; you cannot sign the certificate yourself.
4. Completion certificate of a safety course must be included.
5. Approved applicants will be notified with a confirmation letter advising them of the next scheduled examination within two (2) weeks after receiving the application.

LICENSE TYPES:

1. **Class 1** – Construction – Blasting for all types of construction except demolition.
2. **Class 2** – Construction – Restricted blasting for construction with blast designs up to millisecond delay systems and single initiation source.
3. **Class 3** – Demolition – Blasting for reducing, destroying or weakening any residential, commercial or other building or structure.
4. **Class 4** – Utility – Blasting not exceeding 10 pounds of explosives and generally limited to single hole, single shot applications.

OUT OF STATE APPLICANTS:

1. A license, certificate or permit issued by another state or an agency of the United States will be recognized and an appropriate construction blaster's license issued if the bureau determines that the requirements are equivalent to the requirements of Montana.
2. Applicants must submit a current copy of a valid license from the state in which they passed the exam. They must also submit a copy of the qualification requirements for licensure from the state they are licensed.

RENEWAL LICENSURE INFORMATION:

1. Licenses expire annually on January 1.
2. Failure to renew a license by January 1 will require the licensee to pay the applicable late fee before the license is renewed.
3. The department office will mail a renewal reminder to the preferred mailing address on file approximately 2 months prior to the license expiration date. You are responsible for updating your current mailing address. Failure to inform the department office of address changes may result in you not receiving your renewal.

EXAMINATION DATES

Examinations are given on the first Friday of each month in the Helena office, or arrangements can be made to take the examination at a Montana Job Service office. Applicants that select to sit for the examination at the Job Service will receive an admission letter from our office when their application has been approved. An applicant that fails the examination must wait 45 days before re-testing.

SUGGESTED STUDY MATERIAL

ISEE BLASTERS HANDBOOK	available through:	International Society of Explosives Engineers 30325 Bainbridge Road Cleveland, Ohio 44139-2295 Phone: (440) 349-4400 http://www.isee.org/
IME SAFETY LIBRARY	available through:	The Institute of Makers of Explosives 1120 19th Street NW Suite 310 Washington, DC 20036-3605 Phone: (202) 429-9280 www.ime.org
FEDERAL EXPLOSIVES LAW AND REGULATIONS	available through:	Bureau of Alcohol, Tobacco and Firearms St. Paul Field Division 30 E 7 th Street Suite 1900 St. Paul, MN 55101 Phone: (651) 726-0200 www.atf.gov

CONSTRUCTION BLASTER PROGRAM

PO Box 200513
301 South Park Ave, 4th Floor
Helena MT 59620 - 0513
Phone: (406) 841-2350 Fax: (406) 841-2050
E-mail: dlibsdbla@mt.gov
Website: <http://www.constructionblaster.mt.gov/>

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the department has received your complete routine application)

APPLICATION FOR:

Class 1 Class 2 Class 3 Class 4

APPLICATION BY:

Examination Reciprocity

Application Fee: \$35.00 Exam Fee: \$25 Reciprocity Fee: \$40.00

Social Security Number _____

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ Foreign ID Number _____

E-mail Address _____

Please indicate you preferred mailing address

____ Home

____ Business

Residential Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

All applicants must answer the following questions.

If you answer "yes", provide a detailed explanation on a separate sheet of paper:

YES NO

1.	Have you ever previously applied for a license to practice in Montana? If yes, give date, and results.	1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever been denied licensure or the opportunity to take this profession's licensing examination in any state or country? If yes, attach an official document.	2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever withdrawn an application for licensure? If yes, please give the state and reasons for withdrawal.	3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.	4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.	5.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.	6.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16 th birthday. If yes please attach a detailed explanation.	7.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.	8.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation.	9.	<input type="checkbox"/>	<input type="checkbox"/>

If approved for examination, which location do you wish to take the examination (check one only):

- ☐ Montana Job Service (Indicate City) _____
- ☐ Department of Labor in Helena on first Friday of month.

CONSTRUCTION BLASTING EMPLOYMENT RECORD:

Please type or print names and addresses of employment.

Name:	Dates From:	To:
Address:		
Telephone Number:		

Name:	Dates From:	To:
Address:		
Telephone Number:		

Name:	Dates From:	To:
Address:		
Telephone Number:		

Name:	Dates From:	To:
Address:		
Telephone Number:		

List all professional licenses you hold or **ever** have held. You must include a copy of the license.

[illegible]

CERTIFICATE OF EXPERIENCE AFFIDAVIT

Submit this form with your application after it has been signed by persons who have knowledge of your experience with construction blasting.

Name of Applicant: _____ Social Security Number: _____

Employer/Business Name: _____

Employer Business Address: _____
Street City State Zip

List all types of explosives and the applied use of the explosives that the above-named applicant has experience.

From MM/YY	To MM/YY	Type(s) of Explosives Used	Applied Use of Explosives

I hereby certify that the above-named applicant has obtained the necessary experience in the operation of the equipment specified above.

Signature of person verifying experience _____

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Construction Blaster Program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Signature of applicant making statement _____